

SARATOGA COUNTY SEWER DISTRICT #1

CONSTRUCTION PERMIT APPLICATION

Construction Number: _____ Permit Number: _____ Date: _____

Name of Project: _____

Project's Proponent: _____

Location of Project: _____

Tax map number (S-B-L) of Project's Location: _____

Projected Design Flow: _____ gpd Projected discharge rate: _____ gpm

Name of Entity that will own sewer system through completion of construction: _____

Address: _____

Town/City: _____

Phone: _____ Fax: _____

Description of Project: _____

For each phase of the project or connection, state the projected design flows and discharges rates:

Phase 1: Projected design flows: _____ Projected discharge rates: _____

Phase 2: Projected design flows: _____ Projected discharge rates: _____

Phase 3: Projected design flows: _____ Projected discharge rates: _____

Phase 4: Projected design flows: _____ Projected discharge rates: _____

Total Projected design flows: _____ Total Projected discharge rates: _____

Is Sewer System proposed to be dedicated to Saratoga County Sewer District #1?

() Yes () No

Name of Entity that will own Sewer System if not dedicated to SCSD #1:

Name: _____

Address: _____

Town/City: _____

Phone: _____ Fax: _____

Portion of project for which permit is requested: _____

Property owner's name: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Contractor: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Developer: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Design Engineer: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Permittee to be named on Construction Permit: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Saratoga County Sewer District #1 requires the applicant for Construction Permit and the project's proponent to designate an agent to whom SCSD #1 shall direct all written, verbal, and electronic communications to the applicant and project's proponent regarding the proposed project or sewer connection. NOTE: By naming such designated agent, the applicant and the project's proponent agree to be bound by all decisions communicated by said designated agent to SCSD #1 regarding the proposed project.

Designated Agent _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

NOTE: SCSD #1's permit to construct sanitary sewer facilities or connections shall expire one (1) year from the date of its execution by SCSD #1's and the Permittee:

Applicant's Signature: _____

Applicant's Name: _____ Date: _____
(please print)

Address: _____

Phone: _____ Fax: _____

E-mail: _____

For Office Use Only: **Engineering Certification Required**
Special Conditions Attached

Yes ____ **No** ____
Yes ____ **No** ____

Fee: \$ _____ **Days:** _____ **Date Pd.:** _____ **Insp. Engr:** _____

Insurance Certificate: Approved _____ \$ _____

Bonding: Approval Date _____ \$ _____

Permit Administrator

Date of Issue

SPECIAL CONDITIONS: